

# Work Order ID 101428

Friday, May 10, 2013 11:33:31 AM

**\*101428\***

Page 1

Item ID: D3215-3      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
 Revision ID:      Stop **\*NS2\***  
 Item Name: Webbing Tidy  
 Start Date: 5/10/2013      Start Qty: 10.00      **\*10\***      Cust Item ID:  
 Required Date: 5/17/2013      Req'd Qty: 10.00      **\*10\***      Customer:  
 Reference:

Approvals:      Process Plan: mf      Date: 13-5-10      Tooling:      Date:      Run Start **\*NR1\***  
 QC:      Date:      SPC (Y/N):      Date:      Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D3215	Rev D								
100	FLOW WATER JET	0.00							
<b>*100*</b>									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg D3215 (D3215-3A)      Dwg Rev: <u>0</u> Prog								
<b>5052.040</b>	Rev: <u>0</u> 2-Deburr if necessary      3-Identify as D3215-3A								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*110*</b>									
QC	Memo	0.00							
Quality Control									
120	QC8- Inspect parts - second check	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control									

**DAS**  
**27**  
**BS B**

10      0      JM13-5-11  
10      0      JM13-5-11  
10

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

**Work Order ID 101428**

Friday, May 10, 2013 11:33:31 AM

**\*101428\***

Page 2

Item ID: D3215-3      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Webbing Tidy  
Start Date: 5/10/2013      Start Qty: 10.00      **\*10\***      Cust Item ID:  
Required Date: 5/17/2013      Req'd Qty: 10.00      **\*10\***      Customer:  
Reference:

Approvals:      Process Plan:      Date:      Tooling:      Date:      Run Start **\*NR1\***  
QC:      Date:      SPC (Y/N):      Date:      Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> Small Fab	Small Fab	0.00				10			SB 13/05/15
Small Fab	Memo I-Cut D3215-3B (2.130" x 0.530" ) as per dwg D32152-Deburr3-Identify as D3215-3B	0.00							
140 <b>*140*</b> QC	QC5- Inspect part completeness to step on W/O	0.00				10			
Quality Control	Memo	0.00							BS-15
150 <b>*150*</b> Brake NC	NC BRAKE	0.00				10			SB 13/05/15
Brake NC	Memo Form D3215-3A as per Dwg D3215	0.00							

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 101428




Friday, May 10, 2013 11:33:31 AM

**\*101428\***

Page 3

Item ID: D3215-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Webbing Tidy  
Start Date: 5/10/2013 Start Qty: 10.00 **\*10\*** Cust Item ID:  
Required Date: 5/17/2013 Req'd Qty: 10.00 **\*10\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00  0.00 13-5-15				16			
170 <b>*170*</b> Large Fab Large Fab	Large Fab  Memo Weld D3215-3 by joining D3215-3A and D3215-3B as per Dwg D3215 and QSI 004A/R AL ROD BATCH: <u>1105127</u> Identify as D3215- 3Grind flush	0.00  0.00						13-05-27	PD
180 <b>*180*</b> QC Quality Control	QC10- Inspect visual per QSI004- ground welds  Memo	0.00  0.00 13-5-27							 13/5/27

NCR: Yes / No

# WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>		Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>		Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>		Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Work Order ID 101428

Friday, May 10, 2013 11:33:31 AM

**\*101428\***

Page 4

Item ID: D3215-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Webbing Tidy  
 Start Date: 5/10/2013 Start Qty: 10.00 **\*10\*** Cust Item ID:  
 Required Date: 5/17/2013 Req'd Qty: 10.00 **\*10\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 <b>*190*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00  0.00							
				DAS 27 B.S 27					
200 <b>*200*</b> HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1  Memo	0.00  0.00							
						10		13.528	
210 <b>*210*</b> Powdercoat Powder Coating	Black Sandtex(Ref:4.3.5.7) per QSI005 4.3  Memo	0.00  0.00							
	START TIME: 10:10 OVEN TEMPERATURE: FINISH TIME: 10:40								
	3200F								

m1 23480

10 X 4 m / 13/05/29

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other



# Work Order ID 101428

**\*101428\***

Page 5

Item ID: D3215-3

Accept

**\*N9000040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Webbing Tidy

Stop **\*NS2\***

Start Date: 5/10/2013 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 5/17/2013 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

220

QC3- Inspect Part Finish

0.00


**\*220\***

QC

Memo

0.00

Quality Control

10 ~~0~~ 13-5-29 

230

Packaging

0.00

**\*230\***

Packaging

Memo

0.00

Packaging

*st 034*

*10x M.H. 13-05-30*

240

QC21- Final Inspection - Work Order Release

0.00


**\*240\***

QC

Memo

0.00

Quality Control

*13/5/30*   
*MF*  
*13-5-30*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>				74							
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Picklist Print

Friday, May 10, 2013 11:33:31 AM

Page 1

Work Order ID: 101428  
Parent Item: D3215-3  
Parent Item Name: Webbing Tidy

Start Date: 5/10/2013 Required Date: 5/17/2013  
Start Qty: 10.00 Required Qty: 10.00

Comments: IPP A 04.01.06 New issue KJ/RF  
IPP Rev:B Now on Waterjet 06-07-03 JLM  
IPP rev C ecn 940 07.06.12 EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M5052H32S.040 5052-H32 .040 Sheet		Purchased	No			100	sf	138.6000	0.008	0.0842105 0.1			JMB-S-11
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT022		138.600045							
				122406		15.000045							
				124445		13			124445				
				124573		46.6							
				125552		64			<del>125552</del>				
M5052H32S.040 5052-H32 .040 Sheet		Purchased	No			130	sf	138.6000	0.0258	0.2715789		St 12/03/11	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT022		138.600045							
				122406		15.000045							
				124445		13							
				124573		46.6							
				125552		64							
				M 119384					.2715				

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

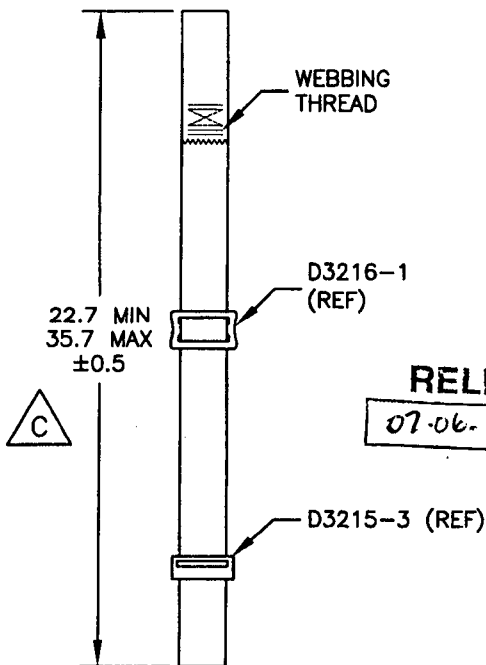
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering Quality <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
<b>FAULT CATEGORY</b>									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Other					
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

**DART**

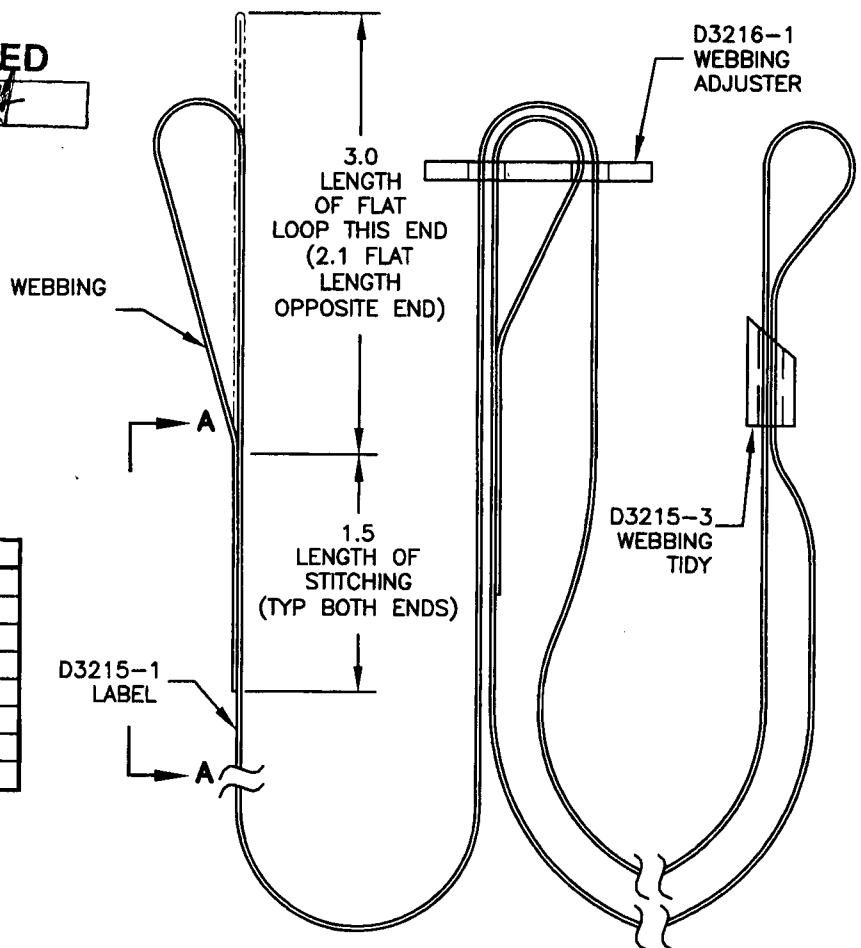
DESIGN <i>GP</i>	DRAWN BY <i>CB</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>CE</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3215	REV. D SHEET 1 OF 3
DATE 07.03.27		TITLE BELT ASSEMBLY	SCALE NTS
A	03.09.19	NEW ISSUE	
B	04.01.12	AS MANUFACTURED; ADD TOLERANCE	
C	04.03.05	REDUCE LENGTH; CLARIFY STITCHING	
D	07.03.27	ADD WEBBING SUPPLIER; ADD LABEL THREAD AND MATERIAL; IN VIEW A-A, 1.4 WAS 1.8; ADD -3A AND -3B; UPDATE TOLERANCES	



**ASSEMBLY DETAIL**  
NOT TO SCALE

**PARTS LIST:**

QTY	P/N	DESCRIPTION
X	D3215-041	BELT ASSEMBLY
AS REQ'D	SEE NOTE 1	WEBBING
AS REQ'D	SEE NOTE 1	WEBBING THREAD
AS REQ'D	SEE NOTE 1	LABEL THREAD
1	D3215-1	LABEL
1	D3215-3	WEBBING TIDY
1	D3216-1	WEBBING ADJUSTER



**D3215-041 BELT ASSEMBLY:**

- MATERIAL: WEBBING = LAGRAN CANADA INC. 26472, 1.8 WIDE x 0.05 THICK BLACK POLYESTER WEBBING, CERTIFIED TO FAR 29.853A3, TENSILE STRENGTH 5700 lb MIN  
OR BELT TECH CANADA INC. 27039, 1.8 WIDE x 0.05 THICK BLACK POLYESTER WEBBING, CERTIFIED TO FAR 29.853A3, TENSILE STRENGTH 6000 lb MIN  
WEBBING THREAD = V-T-295 TYPE II CLASS A SIZE 3, BLACK NYLON THREAD  
LABEL THREAD = V-T-295 TYPE II CLASS A SIZE F, BLACK NYLON THREAD
- ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED.
- TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- SEE SHEET 3 FOR VIEW A-A

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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

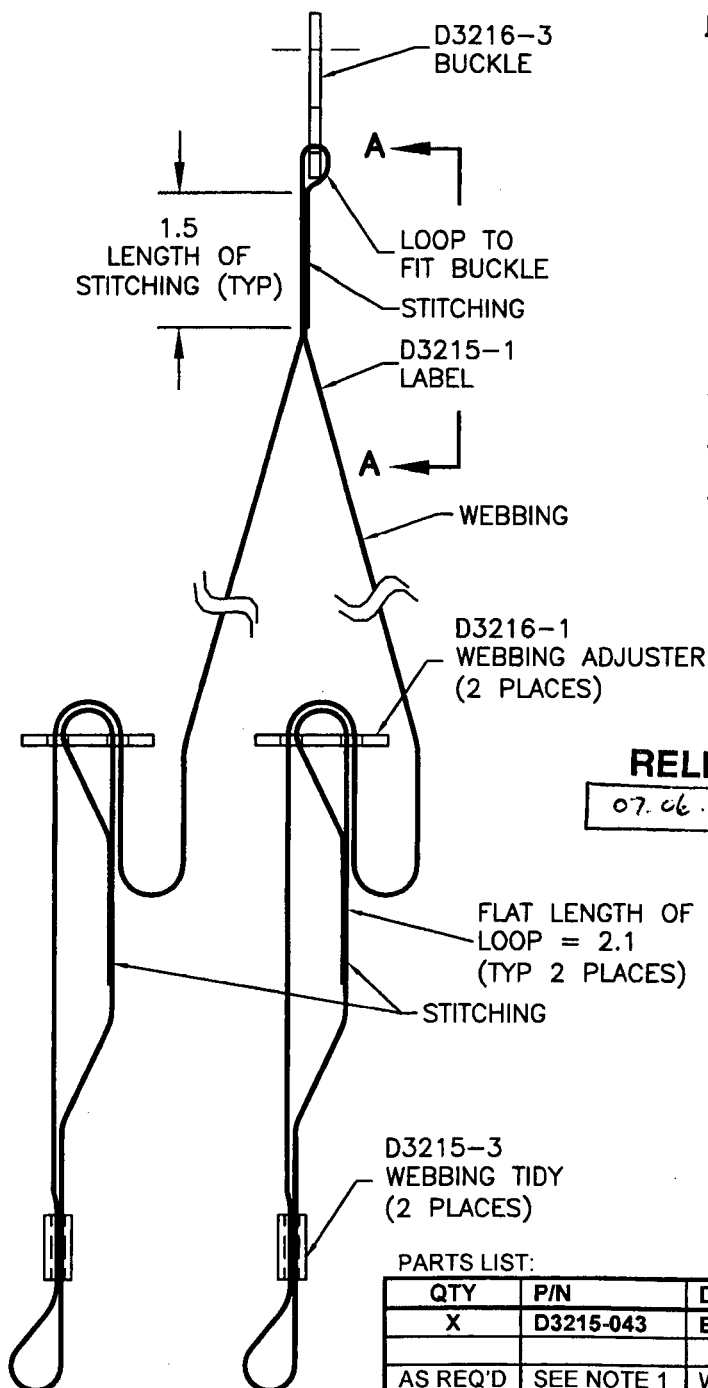
Work Order: _____  Part No. _____  NCR No. _____					<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other



DESIGN <i>GP</i>	DRAWN BY <i>CB</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>CE</i>	APPROVED <i>H</i>	DRAWING NO. D3215	REV. D SHEET 2 OF 3
DATE 07.03.27		TITLE BELT ASSEMBLY	SCALE NTS



#### **D3215-043 BELT ASSEMBLY:**

##### 1) MATERIAL:

WEBBING = LAGRAN CANADA INC. 26472, 1.8 WIDE  
x 0.05 THICK BLACK POLYESTER WEBBING,  
CERTIFIED TO FAR 29.853A3, TENSILE  
STRENGTH 5700 lb MIN

OR BELT TECH CANADA INC. 27039, 1.8 WIDE  
x 0.05 THICK BLACK POLYESTER WEBBING,  
CERTIFIED TO FAR 29.853A3, TENSILE  
STRENGTH 6000 lb MIN

WEBBING THREAD = V-T-295 TYPE II CLASS A SIZE 3,  
BLACK NYLON THREAD

LABEL THREAD = V-T-295 TYPE II CLASS A SIZE F,  
BLACK NYLON THREAD

2) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE  
NOTED.

3) TOLERANCES ARE PER DART QSI 018 UNLESS  
OTHERWISE NOTED.

4) SEE SHEET 3 FOR VIEW A-A

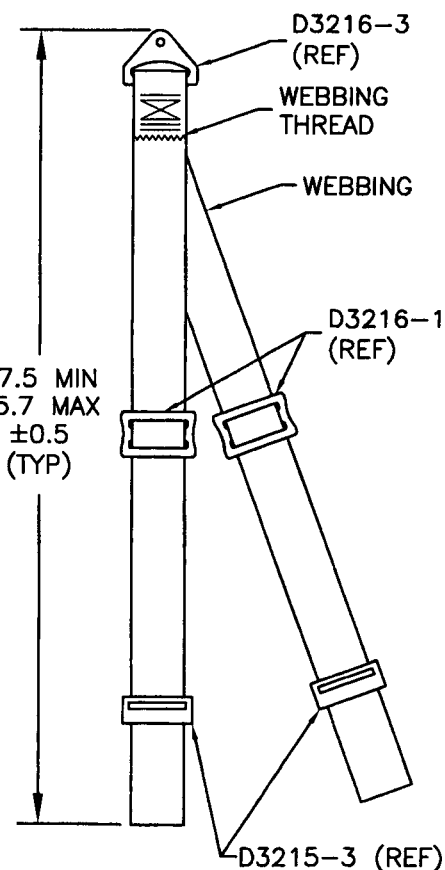


**RELEASED**

07.06.07



27.5 MIN  
45.7 MAX  
±0.5  
(TYP)



**ASSEMBLY DETAIL**  
NOT TO SCALE

##### PARTS LIST:

QTY	P/N	DESCRIPTION
X	D3215-043	BELT ASSEMBLY
AS REQ'D	SEE NOTE 1	WEBBING
AS REQ'D	SEE NOTE 1	WEBBING THREAD
AS REQ'D	SEE NOTE 1	LABEL THREAD
1	D3215-1	LABEL
2	D3215-3	WEBBING TIDY
2	D3216-1	WEBBING ADJUSTER

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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

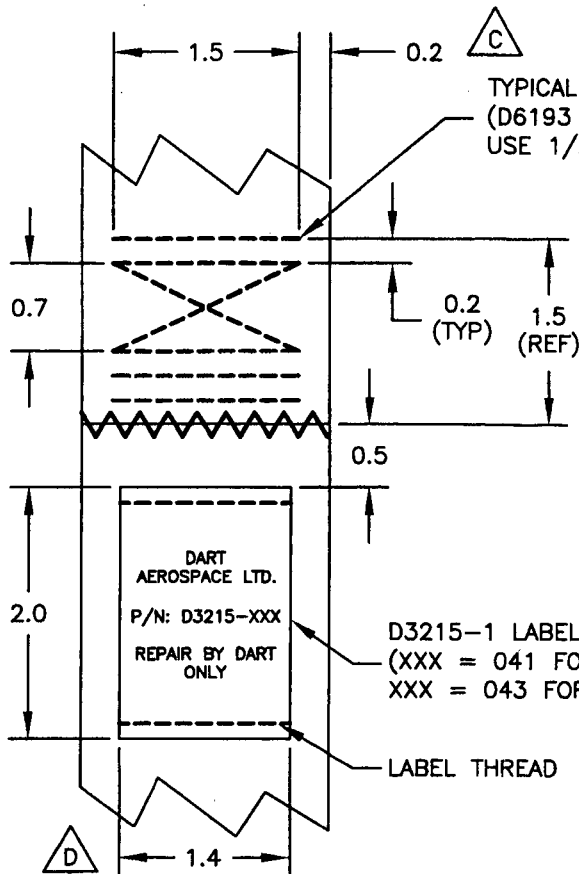
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order:					DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No.:					Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>		Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>	
NCR No.:					Scrap <input type="checkbox"/>		Machining <input type="checkbox"/>		Small Fab <input type="checkbox"/>		Prod. Eng. Coord. <input type="checkbox"/>		Quality <input type="checkbox"/>	
					Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>		Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>	
					Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector					
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear				General										
<input type="checkbox"/> Bending				<input type="checkbox"/> Bend						<input type="checkbox"/> Grain				
<input type="checkbox"/> Centre Not Concentric to O/S				<input type="checkbox"/> BOM/Route						<input type="checkbox"/> Hardware				
<input type="checkbox"/> Cracks				<input type="checkbox"/> Broken/Damaged						<input type="checkbox"/> Inspection Incomplete				
<input type="checkbox"/> Crushed/Crimped				<input type="checkbox"/> Burrs						<input type="checkbox"/> Instructions Incomplete/Unclear				
<input type="checkbox"/> Cuffs				<input type="checkbox"/> Contamination						<input type="checkbox"/> Maintenance				
<input type="checkbox"/> Heat Treat				<input type="checkbox"/> Countersink						<input type="checkbox"/> Mislabeled				
<input type="checkbox"/> Inspection Strip in Tube				<input type="checkbox"/> Cut Too Short						<input type="checkbox"/> Misread				
<input type="checkbox"/> Ripples in Bend				<input type="checkbox"/> Drill Holes						<input type="checkbox"/> Offset				
<input type="checkbox"/> Torque Waves in Extrusion				<input type="checkbox"/> Drawing						<input type="checkbox"/> Out of Calibration				
<input type="checkbox"/> Turning Sequence				<input type="checkbox"/> Finish						<input type="checkbox"/> Out of Sequence				
<input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Folio						<input type="checkbox"/> Outside Dimensions				
										<input type="checkbox"/> Ovalized				
										<input type="checkbox"/> Over/Under tolerance				
										<input type="checkbox"/> Part Incorrect				
										<input type="checkbox"/> Part Lost/Missing				
										<input type="checkbox"/> Part Moved				
										<input type="checkbox"/> Positioned Wrong				
										<input type="checkbox"/> Power Loss/Surge				
										<input type="checkbox"/> Pressure/Forced				
										<input type="checkbox"/> Temperature/Cure				
										<input type="checkbox"/> Weld				
										<input type="checkbox"/> Wrong Stock Pulled				
										<input type="checkbox"/> Other				



**DART**

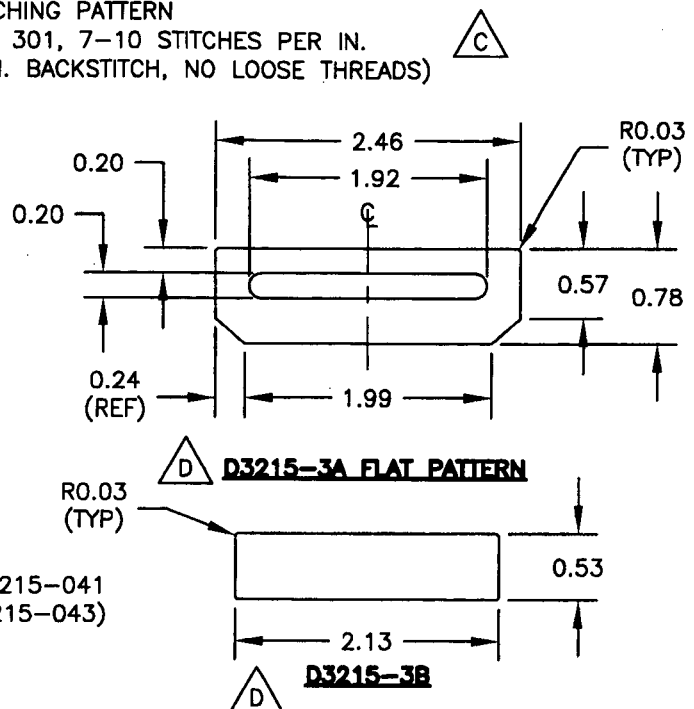
DESIGN <i>GP</i>	DRAWN BY <i>CB</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>CE</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3215	REV. D SHEET 3 OF 3
DATE 07.03.27	TITLE HARNESS ASSEMBLY		SCALE 3:2

**VIEW A-A****D3215-1 LABEL:**

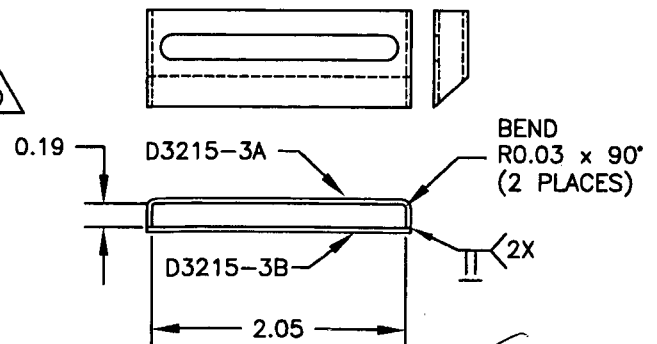
- 1) MATERIAL: WHITE TYVEK OR WHITE POLYESTER WHICH MEETS FMVSS 302
- 2) USE 1/8 BLACK LETTERING
- 3) CENTER ON BELT WIDTH

**RELEASED**07.06.07 *[Signature]***GENERAL NOTES:**

- 1) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED

**D3215-3A/-3B NOTES:**

- 1) MATERIAL: 5052-H32 ALUMINUM SHEET, 0.040 THICK PER QQ-A-250/8 OR AMS 4016 (REF DART SPEC. M5052H32S.040)
- 2) BEND D3215-3A PER D3215-3

**D3215-3 WEBBING TIDY****D3215-3 NOTES:**

- 1) WELD PER DART QSI 004
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1 POWDER COAT BLACK SANDEX (4.3.5.7) PER DART QSI 005 4.3

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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____					<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>												
Part No. _____							Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>		Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>		Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>		Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
NCR No. _____																			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector										
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
<b>FAULT CATEGORY</b>																			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other			



NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____					<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>				
Part No. _____							Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>	
NCR No. _____											
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b>				<b>General</b>							
<input type="checkbox"/>	Bending			<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric to O/S			<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Cracks			<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushed/Crimped			<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Cuffs			<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Treat			<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Other
<input type="checkbox"/>	Inspection Strip in Tube			<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge		
<input type="checkbox"/>	Ripples in Bend			<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset				
<input type="checkbox"/>	Torque Waves in Extrusion			<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration				
<input type="checkbox"/>	Turning Sequence			<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence				
<input type="checkbox"/>	Wave/Twist in Tube			<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions				